

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>6-14-05</u>	2 Serial/Patent # <u>107519089</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER <u>1</u>
<input type="checkbox"/> Amendment	5 DATE FILED <u>12/23/05</u>
<input type="checkbox"/> Extension of Time	6 AMOUNT <u>\$ 100</u>
<input type="checkbox"/> Notice of Appeal/Appeal	
<input type="checkbox"/> Petition	
<input type="checkbox"/> Issue	
<input type="checkbox"/> Cert of Correction/Terminal Disc.	
<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Assignment	
<input type="checkbox"/> Other	
7 TOTAL AMOUNT OF REFUND <u>\$ 100</u>	
8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment	Treasury Check
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
9 <u>13--2725</u>	
10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>A. Johnson</u>	
SIGNATURE: <u>A. Johnson</u>	
OFFICE: <u>PTO</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B